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ABSTRACT

The paper reviews research and experience in human service integration and examines the impact of federal grant consolidation upon services for the disabled. Reasons for the existence of categorical aid are noted. An idealized integrated services system is proposed, and factors such as excessive red tape and lack of coordination which reflect a need for service integration, the impact of "new federalism," recent federal initiatives, state umbrella agency/services integration experiences, and attitudes of agency executives on services for the disabled are considered. Five questions are posed regarding the value of integration in the disability field. The questions touch on resource allocation goals, state and local expectations, professional and consumer roles, amelioration of administrative problems, and sufficiency of knowledge. (CL)

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Analysis

Volume Ten Number Two

An Depth Resource Material
Prepared for Affiliates of
United Cerebral Palsy Associates, Inc.

PREPARING FOR FEDERAL GRANT CONSOLIDATION: A REEXAMINATION AND SEARCH FOR AFFILIATE GUIDANCE

Essential components of this paper were first developed in October, 1980 as part of a project administered by the Human Services Research Institute and Urban Institute

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February, 1981

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INTRODUCTION

In the final days of the 96th Congress lame-duck session, a three-year extension of the General Revenue Sharing Program (H.R. 7112) was approved. The bill provides entitlements of $4.6 billion annually for local governments and authorizes $2.3 billion annually for state governments in fiscal years 1982 and 1983. Passage of the bill was delayed when a House-Senate dispute arose over attaching strings to state aid. The House, which adopted its version on November 13, included an amendment by Elliot H. Levitas (GA) that requires states to trade off categorical grant money dollar for dollar for their general revenue sharing funds. Rather than the Levitas amendment, the Senate on December 9 offered an amendment that would call upon the Advisory Commission on Intergovernmental Relations to conduct a one-year study of the feasibility of such a trade off as well as launch a pilot program to test the feasibility of this approach. In the end, the Senate, which had wanted no-strings grants for the states, relented and accepted the House condition. The public law number is P.L. 96-604. This amendment is an example of the changes in federal-state grant assistance which will be debated during the 97th Congress (1981-1982).

This paper attempts to examine once again our nation's experience with human services integration. Bruce Gates and James Hartling have concluded that despite the substantial effort on behalf of human services integration studies, there exists no coherent structural model of describing and analyzing the organizational, political, and personal interrelationships that characterize service delivery systems(1). John Boyle has observed that most methods used to gather and analyze information concerning reorganization attempts are crude and unscientific. Both the planning and evaluation of reorganization tend to be based upon impressions about a set of conditions, collected in an unsystematic manner, which yields fragmentary pictures (2). This paper is a systematic attempt to examine existing fragmentary studies and experiences in human services integration.

Almost by definition, the human services require strong local organization. Personal services are individualized and depend upon the discretion of a wise practioner. Historically, neither state nor local governments nor nonprofit organizations possessed the will, skill, and resources to fully support human services. The result has been federal programs, resources, and control. The division of public powers between federal, state and local governments has been an essential dimension of American federalism since the founding days. Despite this federal growth, there is an incredible diversity in programs and program organization at the local level. A situation has evolved where services depend on a high degree of discretion on part of the individual practioner; however, services are distributed, delivered, and controlled within organizational settings that are externally influenced or controlled by funding sources, particularly federal sources. The dynamics of the situation are as follows: Consumers,

families and their advocates becoming more and more sophisticated in making demands for appropriate and adequate services; practitioners fighting for individual discretion ("professionalism"); organizations coping with resource limitations and external demands for accountability; and local and state government resenting federal controls and working for greater political discretion and control. Four major factors are involved in judging human services integration efforts - efficiency, effectiveness, accountability, and equity. These factors will be discussed following a review of some experiences with human services integration efforts.

Laurence Lynn defines human services integration as "the common location of related service activities, a single intake system for new clients, and delegation of authority to supervise and coordinate services to local, nonspecialist administrators." This translates into efforts to consolidate separate agencies, usually "categorical agencies," into single departments or "umbrella" agencies. (3) (4) (5)

Developmental Disabilities, Vocational Rehabilitation, Independent Living, and P.L. 94-142 "Education for All Handicapped Children Act" are examples of "categorical agencies." Few anticipate that these federal funds will be terminated; however, these programs could be consolidated into larger block grant programs. As an example, states may be required to spend their P.L. 94-142 federal allotment on the education of handicapped children but existing federal individual plan and due process procedure requirements could become optional under a block grant approach. This is merely a hypothetical possibility at this point in time but it demonstrates the potential impact of a non-categorical approach.

UCPA affiliates are now major providers of publicly financed services (over $60 million in government grants and contracts in FY 1979). Many affiliate executive directors have experienced the frustration of duplicating and exhaustive paperwork caused by categorical programs. This analysis paper contains a questionnaire to determine affiliate guidance on how the UCPA Washington office should approach the subject of federal grant consolidation.

WHY CATEGORICAL SERVICES?

The noted British welfare scholar, Peter Townsend, has articulated a simple but primary principle in the provision of human services; namely, that services should be correctly matched to needs. (6) This principle is the primary justification for a categorical program. From the advocate's perspective, the fundamental issue involves targeting of resources. As the Human Resources Organization Studies Group of the President's Reorganization Project concluded:

> The primary disadvantage of program consolidation is that some desirable targeting of resources on very specific needs and problems may be lost. (7)

Low visibility groups, such as the disabled and subgroups within the disabled, tend to lose government resources unless funds are specifically targeted to their needs.

Justifications for the existence of categorical programs are as follows:

- National Needs (8)

One purpose of federal aid is to serve Congressionally identified national needs. One method used to ensure that such needs are served is the maintenance of somewhat rigidly restricted aid programs enforced by detailed accountability procedures. Proponents of this approach ask, should not the federal government provide financial incentives for national purposes? They point out that states and other parties are not mandated to participate in these programs.

- Guarantees To Target Groups (8)

Categorical programs are essential guarantees to a target group that their needs will be addressed. Experience has shown that their needs will be addressed. Experience has shown that without such guarantees, certain groups tend to be underserved or unserved by state and local government. Special purpose money continues to serve the purposes for which it was appropriated and thus categorical programs do make a difference on who gets served. The question remains, whether federal grants are likely to be substantially less targeted on federal priorities under a looser, consolidated program than under categorical grants.

- Stimulus Role (8)

The targeting of federal aid has made its impact more effective (in reaching certain groups) than its percent proportion of total human service revenues would otherwise suggest. This stimulus role would likely be diminished without categorical programs. Categorical programs have generally ensured that federal aid has been translated into extra spending at the state and local levels for categorical groups (known as net fiscal impact).

- Equality of Opportunity (8)

Categorical programs mean that targeted groups can be beneficiaries of services in all states, not just those where their needs are of a higher priority. The equalization of opportunity and basic uniformity of essential benefits are important justifications; the elimination of categorical programs means strong interest groups are required in every state. The expectation is that state-to-state differences in scope of services would be exacerbated.

- Stability and Accountability (8)

Phillip Kearney, Elizabeth Vander Putten, and their contributing authors emphasize that all government programs create problems as well as benefits. Categorical programs have certain problems as do block grants; there is a tradeoff, frequently based on political priorities. Categorical programs promote stability in programs and administrative arrangements. The paperwork associated with categorical programs are intended to ensure accountability and program quality. If federal goals are to be achieved, goals must be specific and compliance documented.

Some authorities argue that paperwork and centralized goals are ideological issues implying the nonacceptance of federal goals.

AN IDEALIZED INTEGRATED SERVICES SYSTEM

Beaumont Hagebak (9) has conceptualized a model of basic components of an integrated human services system. Most advocates of an integrated approach generally accept most of these elements:

- common service areas
- co-location of services
- joint core services
- case planning
- case management
- joint management services
- common eligibility

WHY SERVICE INTEGRATION?

The movement for human services integration has many bases. As observed by Peri Arnold, classical public administration writers have assumed that reorganization was motivated by the desire to improve organizational efficiency; however, recent studies have demonstrated the multiplicity of goals which are served by reorganization. (10) To John Boyle, the criteria for reorganization are vague, contradictory, and subjective; most basic assumptions have not been able to be operationalized. (2) This theme is repeated over and over in the literature; Beaumont Hagebak in 1979 has stated that "part of the difficulty in defining human services integration is, simply, that few generally accepted models exist at the local level." (9) These multiplicity of goals without an adequate paradigm follow.

- Categorical Programs = Excessive Red Tape

Existing categorical programs with their separate application, audit, and evaluation forms result in reduction of service levels because of large overhead costs and excessive amounts of staff time involved in compliance.(8) According to Governor Julian M. Carroll, in 1973, 30% of Kentucky's governmental staff time was spent complying with federal paperwork requirements. The Advisory Commission on Intergovernmental Relations (ACIR) has maintained for years that categorical programs are time-consuming, expensive and impossible to coordinate. The Commission and leading state elected officials such as Maryland House of Delegates Speaker Benjamin Cardin believe integrated services, umbrella agencies, and block grants will reduce paperwork and program management (11).

- Multiple Categorical Programs = Lack of Coordination

Beaumont Hagebak has graphically demonstrated the lack of coordination problem associated with multiple categorical programs in discussing the "Texas Measles Chart," a Governor's matrix cross-indexing 196 state human services programs which shows 1,100 overlapping areas of joint agency implementation. To Hagebak this results in consumer and referral confusion (9)

In 1975, there were 442 categorical federal grant programs providing assistance to the states. (12) The Johnson Administration established 240 of these, the Nixon Administration established 120, and during the period 1975-1978, 50 new categorical programs were established. (8) In FY 1980, the number of categorical programs providing assistance to state and local governments had exceeded 500. (13) Opponents of this proliferation maintain that categorical services are not responsive to the multiple needs of clients. Not only do they not "mesh," they frequently contradict one another. And usually there is no shared data base between the programs. (2) The ACIR has maintained that 102 of these categories could be merged into 15 block grant authorities. Of these, 36 social services programs could be one block grant authority while 78 education programs could be another. (12) (13)

States are further frustrated by a federal unwillingness to coordinate its programs for specified target groups with comparable state-funded programs, many of which are longer established and more substantially funded than federal interventions. (8) To the ACIR, the "key cause of the stresses and strains on the intergovernmental grant system is the excessive number of categorical grants." (13)

- "Mandate Madness"

Governors, mayors, and other general purpose government officials view federal controls as insulating categorical and specialized interests from state and local judgments about need, as severely restricting their ability to respond to changes in priorities and budgets, and as too burdensome. They believe federal regulations are too prescriptive in their mandates, particularly in rural areas where local conditions cannot match federal requirements. State and local elected officials desire flexibility to respond to new and changing conditions. (3) (8) (14).

Catharine Lovell, in her 1980 publication, "Living With Mandates: A Guide For Elected Officials," showed that there were 9 national policy requirements, 12 nondiscrimination requirements, 5 environmental protection mandates, 4 labor and procurement standards, 3 public employees standards, 4 access to government information provisions, and 1 real property location requirement with all federal-state assistance grants. Roy Orr, a Dallas County commissioner and new president of the National Association of Counties, has opposed these requirements which he has termed, "mandate madness." (14) (15)

The Senate Committee on Governmental Affairs has observed that these so-called "cross-cutting requirements result in poor administration, lack of grantee comprehension of grant requirements, excessive waste in assistance programs, and ineffective implementation of cross-cutting objectives...of the 59 requirements catalogued by the OMB, 21 had no coordinating procedures to ensure that agency regulations and requirements do not conflict." (13) Section 504 of the "Rehabilitation Act of 1973" and the "Architectural Barriers Act of 1968," as amended, are examples of cross-cutting requirements.

A recent study completed by the General Accounting Office (GAO) found the administrative costs of some grant programs to all three levels of government combined reached 20% of available funds. Nearly 60% of the administrative costs in all assistance programs are paid for by the recipient out of its own funds. Nearly 80% of the federal and state cross-cutting requirements are funded by local governments. (13)

The debate on the number, scope, and type of federal mandate will continue for some time. Robert Montjoy and Laurence O'Toole examined over 100 GAO audits and reports of agency performance in implementing new congressional mandates and objectives. They concluded that the surest way to avoid intra-organizational implementation problems (and thus achieve the mandate and objective) is to establish a specific mandate and target sufficient resources to them. (16)

However, contradicting this argument for increased targeting is the observation of Thomas Mikulecky:

> Minimizing the adverse impact of national and state regulations on local policy and administration has become a more recent objective of the intergovernmental manager. This condition results from the fact that our national government and its component elements have realized that it is not possible to solve all the problems of urban areas through the funding of categorical programs. (17)

- Federal Dollar Contribution vs Degree of Control

According to Leonard Stavisky, during the past several years, the federal government has contributed approximately 8% of the cost of educating America's children; 92% is from state and local governments. He makes a strong argument: "In a private corporation, someone holding only 8% of the stock might not even be admitted to the board room." (18). In a 1978 American Enterprise Institute for Public Policy Research study of the cost impact of six federal grants on seven local governments, the aid received averaged $25 per capita a year, essentially the same as what it cost them, on the average, to comply with regulatory requirements. In Newark, New Jersey local compliance costs exceed revenue sharing funds by 29%. (14)

- Generalists vs Specialists

Allen Schick, in a 1971 article, described public administration's movement toward a "cybernetic state," which has a systemic rather than a functional orientation. Systems engineers, planners, and other generalists whose perspectives presumably transcend functional specialities are to be the public managers of the future. (19)

The proliferation of specialties and the growth in the power of professional bureaucracies have increased concern on how coordination and control are to be imposed. Management experts believe that professional specialization has produced rigidity, too many federal controls, and too

many arbitrary limits on the choices of elected chief executives. As specialists are believed to be too committed to program maintenance and growth, the assumption is that expenditure control cannot be adequately secured unless generalist administrators replace program specialists as policymakers for the executive branch. The response has been to change the composition of bureaucracy from specialists to generalists, to give more supervisory authority to generalists, and to add a layer of generalist supervision over specialized operating units. This tension between professional autonomy in service delivery and political accountability in services administration is a major dynamic in the integrated services experience. (3) (20)

- Ideological and Political Motivations

In his 1976 book, The Creative Balance, Elliot Richardson has declared that opponents of decategorization and decentralization "simply do not understand the limitation on the federal capacity to meet human needs." (3). The 1980 Republican Party platform advocates the block grant approach (21):

> "Ultimately, the Republican Party supports the orderly, wholesale transfer of all welfare functions to the states along with the tax sources to finance them."
>
> "We support a block grant program that will help return control of welfare programs to the states. Decisions about who gets welfare, and how much, can be better made on the local level."
>
> "The Republican Party reaffirms its belief in the decentralization of the federal government...Block grants and revenue sharing provide local government with the means and the flexibility to solve their own problems in ways most appropriate for each locale. Unlike categorical grants, they do not lock states and localities into priorities and needs perceived by Washington. They are also more efficient because block grants and revenue sharing relieve both local government and the federal government from the costly and complicated process of program application, implementation, and review associated with the categorical grant system."

SOME LESSONS LEARNED

- The Impact of New Federalism

New Federalism is a term used to describe noncategorical programs administered by chief elected officials. It includes General Revenue Sharing, Comprehensive Employment and Training Act, and Community Development Block Grants. (22)

(1) General Revenue Sharing Experience

In a 1977 study, Carl Van Horn concluded that "no firm conclusions can be drawn...about the impact of General Revenue Sharing on the poor... while GRS is not a boom to low-income families, the proportion of the benefits they actually receive remains a troublesome mystery." A National Science Foundation study documented that in 1975, 5% of GRS funds were allocated to social services for the poor and in 1976 this declined to 2%. (23)

(2) CETA Experience

Van Horn has argued that GRS, CETA, and CD with their broader eligibility standards, have tended to produce more widely distributed benefits diluting benefits to the poor. In 1975, 84% of CETA Title I participants were economically disadvantaged; in 1976 this declined to 75%. (23) CETA has raised questions of mismanagement and lack of accountability. Outright fraud and misuse of funds have been documented. CETA has frequently surplanted rather than supplemented local government budgets and ignored national goals. (8)

(3) CD Experience

The benefits to handicapped persons under the Community Development program have declined with time. Between 1975-1977, $45.8 million had been programmed by local governments for architectural barrier removal; however, the percentage of CD funds for this purpose declined from 0.4% in 1975 to 0.2% in both 1976 and 1977. The percentage of funds for public services declined from 12.8% in 1975 to 10.8% in 1976. (22)

A 1977 Brookings Institution study of CD use in 60 jurisdictions concluded that the political necessity to fragment or share money among all political subdivisions results in a slight reduction in low income area receipt. (24). In a 1979 study of 147 metropolitan entitlement communities for CD funds, Raymond Rosenfeld documented that the percent of low income targeted areas served declined from the previous categorical programs but the reduction was not substantial. He concluded that prior categorical history is an important variable in local decisions. Local officials continue to support earlier commitments but they also launch new area activities. (25).

Mary Nenno documented that CD funds targeted to the national objective of elimination of slums and blight declined during the first 5 years of CD. Cities operating previous categorical programs showed expenditure decline from 43 to 36%. Cities with no previous categorical programs increased from 15 to 41%. Overall decline was 42 to 37%. CD funds targeted to the national objective of conservation of the existing housing stock increased every year in cities of all categories. There was no change in all other categories of national objectives. (26)

Mary Nenno also documented an initial reduction of benefits for low and moderate income persons. In 1977, HUD Secretary Patricia Harris sought to direct a greater share of CD benefits to lower-income groups by specifying a level of such benefits that were to be included in a community's program. Important House committee members objected to these

regulations on the grounds that none of the multiple objectives of the CD program should receive priority over other coequal objectives and that establishing a fixed percentage of benefits was contrary to decentralized decision making. The March 1, 1978 final regulations, with its "neighborhood strategy area" approach, targeted funds to low and moderate income persons, the prevention or elimination of slums and blight, or CD needs with a particular urgency without a fixed percentage of funds. Cities have complained that this action is an "instrusion" into the concept of local government decisionmaking and flexibility. (26)(27).

However, because of Secretary Harris' initiative, in a study of 41 CD jurisdictions, the targeting of benefits to low and moderate income groups increased each year for the first four program years. Benefits, over the four year period, increased from 54% to 62%, while dollars increased from 59% to 64%. Overall, the increase to the lower income groups resulted primarily from a decline in allocations to activities that benefitted the community as a whole. Paul Dommel has concluded that "the increase in social targeting (distribution of program benefits among income groups) over the four years appeared to be the result of greater emphasis by HUD on this goal." Dommel also documented a relationship between program categories and income groups. Social services, social service facilities, and housing programs generally yielded a higher level of low-moderate income group benefits while general development, urban renewal continuation, and economic development activities generally yielded much lower benefits to low and moderate income groups. Dommel has further concluded that two factors appear to be important determinants of the future level of lower income benefits: program choices of the communities and policy preferences of the local government. (27)

- Federal Government Initiatives

In 1966, Congress enacted the Partnership in Health Act whereby 9 existing formula grant programs were consolidated into a block grant for comprehensive health services. Since then 20 new categorical health programs have been enacted; in FY 1979 the health services block grant represented 19% of the federal community health services budget. (8)

Between 1966 and 1969, three federal coordinating efforts were attempted: (1) a Department of Agriculture rural development program effort, 1966-1968; (2) HEW, OEO, and DOL training of unemployed persons program effort, 1967-1969; and (3) Appalachian Regional Commission, Delaware River Basin Commission, and Federal Regional Councils regional economic development program effort. These efforts failed. There was no financial incentive to coordinate and since the effort began with the feds, communities resisted cooperation. (24) In 1968, Congress passed the Inter-Governmental Cooperation Act in an attempt to decentralize grant-in-aid programs. The law allowed co-administration of grants but most states elected not to participate. (20)

In 1969, the generalists in the Bureau of the Budget won over the specialists in the Bureau of Family Services and the Social and Rehabilitation Services (SRS) was established. According to Martha Derthick, the result of SRS "was a decline in - one could almost say a total loss of - predictability in federal administration." Specialization implied purpose and continuity of purpose. Mutual expectations among governments was replaced by greater political influence. (20)

In 1969, HEW funded 10 Comprehensive Services Delivery System projects, computer-based comprehensive social service delivery system pilots. The discussion of Florida's experience will review these pilots. In 1972 HEW funded Services Integration Targets of Opportunity Grants. The discussion of Minnesota's experience will review these grants. (3) These grant efforts led to HEW's sponsorship of the "Allied Services Act" in both 1972 and 1974; this legislation encouraged states to consolidate the planning and implementation of human service programs but was never enacted. One reason the legislation was never seriously considered was that it was directed to states but based on single facility providers such as the Mon Valley Community Health Center which was financially supported by both the 1969 and 1972 HEW grants. As Laurence Lynn has observed, "The Mon Valley project maintained its independence through its federal funding, but this independence also isolated it from the rest of the state service system" (3) (4) (20).

In 1974, Congress passed the "Joint Funding Simplification Act" which established a management mechanism for simplifying the process of obtaining and administering government grants from several federal agencies to support a single project. Twenty-two joint funding projects are in operation in 15 states. The joint funding act expired on February 4, 1980 and continuation legislation, S.878, was not enacted during the 96th Congress. (13(28)(29).

Despite these failures and lack of utilization by most states, the federal government continues to undertake a variety of demonstrations under which regulations are waived or revised to allow state and local flexibility. Three efforts were undertaken in 1978. In North Carolina and Washington, HUD simplified procedures to allow rural housing and development. In North Carolina, the Farmers Home Administration altered procedures for economic growth. In 5 states HEW federal plan requirements were substituted with state planning and budgeting systems. (3) Kentucky was one of the 5 states and also participated in the joint funding demonstration.

As a result, Kentucky eliminated 130 contracts, 91 federal-state applications, and 240 separate federal-state-local required documents resulting in a savings of $1.2 million in administrative costs. One basic application format was developed for eight federal and six state agencies. One basic fiscal year, one common financial and narrative reporting system, one common monitoring system, one common completion report, and one uniform accounting system was developed. Administrative costs declined by 20 percent. Instead of paying the monthly phone bill with 14 separate checks because that was the number of federal programs involved, one check became adequate (11)(13).

Since 1972, as an Integrated Grant Program and from 1974 as a Jointly Funded Program, Chattanooga has developed a consolidated system of services delivery which has resulted in a 25 percent monetary savings in supplying the same services. (13)

- State Umbrella Agency/Services Integration Experiences

Twenty-eight states have created umbrella human service agencies made up of 10 or more previously separate programs. As Beaumont Hagebak has observed, "most have become so preoccupied with problems in the design of their super-systems or so defensive as a result of attacks from special interests both inside and outside their organizations, that any vision of

service integration at the local level...has been forgotten or, at best, postponed." (9)

(1) The Washington Experience (3)

During the term of Governor Evans (1965-1977), Washington established a super-agency, the Department of Social and Health Services. Centralized planning, budgeting, and purchase of services were claimed to have resulted in better oversight, lower error rates, and better management review. However, central administration functions proved easier to accomplish than changes in the administration of service delivery in the field.

Washington attempted to regionalize services supervision even though the functions of the regional directors were never specifically spelled out. Integration of field operations projects were funded but they were abandoned when opposition intensified; the most visable project - the Integrated Services Delivery Project at Olympia Center in Bremerton - was closed in 1974. These delivery experiments were essentially unrelated to the day-to-day delivery of services. All integration efforts were terminated by Governor Ray in 1977. Today, the super-agency remains but service integration has never occurred.

(2) The Florida Experience (3)(9)(31)

In 1969, Florida established its Department of Health and Rehabilitation Services and received a Comprehensive Services Delivery System Project grant from HEW. The grant supported the establishment of a one-stop integrated services center using computer-based service and coordinated case handling in Palm Beach County. Computer based case management was refined through a 1972 Comprehensive Services Planning and Management grant.

With these projects in place, DHRS was reorganized in 1975 to achieve decentralization and integration. Eleven service regions, each headed by a regional director who had authority over service delivery, were established. Decentralization was seen as the backbone of services integration. Between 1975-1977, with staffing cuts, personnel reassignments and resignations, and inexperience of new staff members, DHRS failed to produce statistics and program data on integration impact. Laurence Lynn has observed that "opponents of services integration could not demonstrate where decentralization had resulted in the oft-predicted fiefdoms and empire building. Instead, they focused on extensive administrative problems that they believed were affecting the quality of services." In addition to the personnel problems, opponents could point to foul-ups in benefit payments, vendor reimbursement, and general accounting.

A federal audit of Florida's vocational rehabilitation program concluded that $2.2 million in federal VR funds has been diverted from handicapped persons to other groups in need who were not VR eligible. Between 1973, when Florida VR operated as a single unit categorical program, and 1977, after several years of umbrella experience, the number of handicapped people served by VR declined by 52%.

A 1977 National Academy of Public Administration study of the Florida reorganization experience concluded that accessibility to services had definitely been improved while reports on accountability, responsiveness, cost, and efficiency were mixed depending upon the observer. Professional associations and private providers claimed decline; DHRS generalist staff claimed improvement. Both the NAPA and Lynn studies concluded that decisions about the quality of service are difficult to reach.

Today, DHRS and its regional system are still in place although the VR system, as a categorical single unit, has been upheld by the courts and federal government. Only time and the application of objective studies will demonstrate impact.

(3) The Georgia Experience (3)(9)

During the tenure of Governor Carter (1971-1975), Georgia established its Department of Human Resources. Like the Washington experience, central administrative functions proved easier to accomplish than changes in the administration of service delivery in the field.

Georgia attempted regionalization and decentralization of services administration through Area Network Directors. These directors were expected to break down the departmentalization of services delivery and coordinate services. The counties opposed AND because they had no control; professionals opposed AND because these "unqualified generalists" were constructing "fiefdoms" and earning higher salaries than program specialists. In 1975, Governor Busbee terminated the AND program.

Governor Busbee substituted 10 planning and coordination districts for AND but in 1976 he abolished the Office of State and Local Coordination and the districts. A 1976 Health Resource Administration study concluded, "with regard to the reduction in duplication of care services, there appears to be no apparent reduction evident." Laurence Lynn has concluded that "whether this approach had had any actual effect on the services delivered is not clear."

Today, Georgia's super-agency remains but its services integration, which may never have occurred, is dismantled.

(4) The Arizona Experience (3)

In 1972, during the tenure of Governor Williams, the Department of Economic Security was established to combine the welfare and employment assistance programs and decentralize those services to districts. In 1975, Governor Castro abandoned this decentralization effort in order to maximize federal funding and gain support of professional and client groups. Governor Castro's DES director, John Huerta, explained: "Each district manager had his own little fiefdom out there. We had six welfare programs, six job services...It just had no relationship to anything, no manual material that was uniform."

Anecdotal evidence is that the combination of welfare and jobs failed. In 1972, the last year of categorical administration, there were 1,?99 rehabilitations under the VR program. In 1974, there were 1,181. In 1977, with the return of a single unit categorical VR program, rehabilitations had risen to 1,667. This writer fully recognizes the weakness of such numbers in judging program appropriateness and responsiveness but they do make a case against decentralized and integrated services.

(5) The Minnesota Experience (3)(9)

Unlike the four states just described, Minnesota has approached integration in a gradual and modest way. Minnesota has built their integration efforts on a system where welfare functions are heavily financed and completely administered by the counties.

In 1972, having received an HEW Services Integration Targets of Opportunity grant, an Office of Program Development was established in the Governor's office. This was followed in 1973 with passage of the Human Services Act which encouraged the creation, by the counties, of a Human Services Board to manage and coordinate corrections, health, and public welfare services. County commissioners and private citizens were to serve on the boards which were to be aided by a Human Services Advisory Committee of clients, providers, and private citizens. The Board could decide on a loose confederation or full integration.

This was followed by the Community Corrections Act and Health Services Act which established area boards to oversee local programs. In 1978, out-of-87 counties, 80 participated in the health area, 30 in the corrections area, and 10 in the human services act. Program categories were left relatively intact thus defusing opposition from categorical interests. The boards did find that the state agencies are not designed to handle requests and questions from the multidisciplined human services boards.

An Office of Human Services was established in 1975 and it terminated in 1977 by recommending two state agency clusters - a Department of Economic Security and a Department of Health and Social Services - which were established in 1979.

Some of the counties have had successful integration experience. The Mankato Board, with 3 counties operating a consolidated human services single administration system, reported the following benefits: a consolidated fiscal management system, a multi-service management information system, shared core services, and shared case management.

- Chief Executive Attitudes

Paul Terrell (32) surveyed welfare, health, mental health, community action, model cities, and community mental health center chief executives to determine their reactions to the 4 new federal block grant programs. Those largely dependent on federal support - model cities, CAPs, and CMHCs - were opposed. Those more fully integrated into local government - health, welfare, and mental health - were considerably more positive in their views.

Of the 261 California agencies surveyed, 157 responded; 2/3 felt that the federal government was most likely to help those in poverty and affirmed the federal government as the best source of social program support. Other findings include:

(1) 68.1% believed that block grant consolidation would swallow up existing politically weak constituencies.

(2) 41.7% want more decentralization while 45.7% want less.

(3) 57.8% believed federal authorities should rely on professionals rather than elected policy makers while 27.9% favored elected policy makers.

Terrell's results contradict those of the U.S. Advisory Commission on Intergovernmental Relations survey of executives nationwide. The ACIR survey resulted in 88% of state welfare, 84% of state health, and 88% of other state human services officials desiring more decentralization. (32).

- Some Other Isolated Examples

(1) The New York City Experience

John Boyle (2) examined New York City's experiment with geographic coordination among its urban field services. Launched in 1972 by Mayor John Lindsay, District Chiefs of Services were given authority over all services within the district. A district services cabinet was established to minimize overlapping responsibilities. Seventeen city agencies (police, fire, highways, traffic, sewers, sanitation, housing police, parks, recreation, code enforcement, health, hospitals, public schools, community development, youth services, income maintenance, and community services) were involved in the experiment. Coordination was achieved in 5 areas - youth problems, school health, housing inspection, social services, and street conditions. The experiment was discontinued when Lindsay left office.

(2) A Four County/Four City Experience

Catherine Lovell (24) has studied the counties of Orange, Monroe, St. Louis, and Maricopa and the cities of Huntington Beach, Phoenix, Rochester, and St. Louis regarding their coordination of human services experiences. Her conclusion was that effective coordination, targeted to specific needs, took place most often on an "ad-hoc, project-by-project basis." Lovell said these experiences "somewhat subverted federal intentions" but they were targeted to specific clients needs.

- California's Regional Centers System (33)

Two 1965 California legislative reports recommended establishing locally governed, nonprofit agencies, termed "regional centers" to (1) serve as single points of entry for persons with developmental disabilities, (2) determine client eligibility for services, (3) prepare

individual program plans, and (4) serve as brokers for state funds to purchase in-home and community based out-of-home services when such services were unobtainable through generic resources. Thus, a partially integrated statewide system for a categorical population developed. By 1976 there were 21 regional centers serving 33,000 clients. Regional centers were prohibited from directly initiating and administering needed services, even under emergency conditions.

The Lanterman Developmental Services Act of 1976 established the Department of Developmental Services as the administrative unit of state government which administers the state hospitals, supervises case managers, and contracts with the Regional Centers. The act also established Area Boards, mandated to preserve the civil and service rights of consumers. The Area Boards are almost entirely supported by the federal Developmental Disabilities Act allotment. By 1978, the Regional Centers were serving over 50,000 clients. Also in 1978, six regional designated continuum agencies were established as an experimental approach to designing, organizing, and providing residential and home related services. These agencies have start-up funds to facilitate regional service coordination and planning but must contract with Regional Centers to obtain ongoing funding.

It has been the experience of those associated with the California Regional Centers, as stated by Tony Apolloni, that service coordination is best achieved at the local and regional levels and is most easily attained when there is a clear division of responsibilities between state, regional, and local agencies. California seems to have utilized many of Beaumont Hagebak's idealized integrated services system (refer to page 4) but limited to a categorical population, namely, the developmentally disabled.

PREVIOUS FEDERAL LEGISLATIVE PROPOSALS

- S.878, "Federal Assistance Reform Act of 1980" (13) (29)

As a precursor of a possible Reagan Administration initiative, the 96th Congress Senate Committee on Governmental Affairs reported a bill (S.878, S. Rept. 96-972) to facilitate the consolidation of federal assistance programs. The bill was entitled, "Federal Assistance Reform Act of 1980." It was not enacted into law.

1) Consolidation of Federal Assistance Programs

Title I of S.878 would require the President to prepare and submit each year up to three plans for the consolidation of federal assistance programs for the consideration of Congress. If no consolidations are proposed, the President would have to state the reasons no consolidations were proposed. Each consolidation plan would have to place responsibility for the administration of the consolidated program in a single federal agency.

Federal assistance programs which do not share related goals and serve similar beneficiaries may not be consolidated using the procedures of S.878. The plan would have to be approved by the Committee of primary jurisdiction. Once on the floor of Congress, the plan would be considered without amendment. The Committee report declares, "The Committee does not intend that the consolidation of assistance programs under the authority of this Title should be achieved at the expense of the program goals and objectives.

Neither does the Committee wish to see beneficiaries lose their eligibility for grant benefits as a result of consolidation" The Office of Management and Budget (OMB) has already identified five general areas for possible consolidation -- health services, human development, library resources, interstate highways, and rural development.

2) Standardized Audits

Title II of S.878 would establish consistent requirements for the financial management and audit of federal assistance administered by state and local government. Rather than having each federal agency auditing its own grants, there would be an overall review of grant recipients' financial controls and management practices.

3) Integrated Grants Management

Title III of S.878 would enable state and local governments and nonprofit organizations to adapt federal assistance to their particular needs by administratively grouping several grants available from more than one federal agency, program, or appropriation. After the President has identified related grant programs, federal agencies would issue guidelines to facilitate integrated funding of their grant programs. OMB would be responsible for coordinating and evaluating the use of integrated funding.

4) Standardization of "Cross-Cutting" Requirements

"Cross-Cutting" requirements are items applicable to all or most federal assistance programs. The Senate committee believed these requirements "add unnecessary administrative costs to grant programs, cause greater confusion between grantors and grantees, reduce the effectiveness of many national policies, and help to create a grant system of incredible and astonishing complexity." Of the 59 national policy and administrative requirements identified by OMB and the Senate committee, two directly concern persons with disabilities -- Section 504 nondiscrimination and the Architectural Barriers Act.

S.878 would require the President to designate a single agency to develop "streamlined and substantially uniform national policy assistance standards." The bill would also allow assistance recipients to be certified for compliance with generally applicable requirements. Once certification is granted, assistance administering agencies would be required to accept grantee assurances without additional qualification and paperwork. The report declares that "The Committee does not intend that the agencies, in implementing this Title, diminish, or dilute the purposes and objectives of each generally applicable requirement."

In a September 3, 1980 action alert, the American Coalition of Citizens with Disabilities (ACCD) opposed S. 878 arguing that (a) consolidation plans should not supersede past laws, particularly civil rights, (b) strict rules and regulations are required to ensure that dollars are spent as intended by Congress, and (c) state and local government assurances that their own requirements are "substantially equivalent" to uniform government regulations are not sufficient.

- S.1780, "Reorganization and Consolidation Demonstration Project Act" and S.2270, "Optional Education Consolidation And Demonstration Act" (8)

These bills have been introduced in a variety of forms for the past couple of congresses by former Senator Henry Bellmon (OK) and Senator Pete Domenici (NM). S. 1780 would consolidate 20 separate educational aid programs into 3 major authorities -- (1) separate targeting for disadvantaged, handicapped, and bilingual students; (2) vocational education; and (3) consolicated special project programs. Though the funding for the handicapped would continue, specific P.L. 94-142 provisions such as the least restrictive environment would be abolished.

S.2270 would permit greater flexibility in the use of funds, simplifies the categorical requirements, and places greater decisionmaking with state and local officials. The consolidations are similar to those of S.1780; 35 programs are consolidated into 6 programs. One comprehensive state education plan would be allowed.

S.2270 states, "Except as provided in this Act, no other provision of law authorizing a program consolidated under this Act shall apply to the provision of financial assistance to a state having a comprehensive state plan in compliance with the provisions of this Act..." Regarding the handicapped programs, only 4 requirements were listed in S.2270 -- least restrictive alternative, meet the special education needs "for which the state agency is responsible," provide curriculum improvements, and establish educational standards. Four assurances are added to these -- free and appropriate public education policy, goal of full educational opportunity for 3-21 ages, state must provide services to all handicapped children, and states must comply with procedural safeguards for parents and children as required in P.L. 94-142.

These bills are merely examples of the kind of approach the field is likely to see during the next several years.

- P.L. 96-399, Housing Block Grants

P.L. 96-399, the "Housing and Community Development Act of 1980," includes a provision that HUD submit by March 31, 1981 the feasibility of a housing assistance block grant program as an alternative to categorical housing assistance programs.

CONCLUSIONS

In determining whether or not integration should be promoted in the disability field, a number of questions arise:

(1) To what extent are federal resource allocation goals likely to be sacrificed if federal categorical programs are replaced?

(2) Without categorical objectives, will state and local officials be able to withstand pressures for tax reductions, debt retirement, and unwarranted subsidies to local interests?

(3) Will professionals and consumers lose visability, program influence, and program quality?

(4) Will consolidation or integration ameliorate the administrative problems and intergovernmental conflicts inherent in the categorical system?

(5) Do human service administrators possess sufficient knowledge in systems operations to truly integrate services?

These five questions should be considered from the perspectives of efficiency, effectiveness, accountability, and equity.

- Resource Allocation Goals

The President's Reorganization Project has observed that "the primary disadvantage of program consolidation is that some desirable targeting of resources on very specific needs and problems may be lost." (7) Laurence Lynn (3) has observed that reorganization and services integration are generally viewed by both advocates and opponents as ways to save money. Lynn concludes, after examining human services integration experiences in six states, that "removal of federal restrictions on state actions would weaken the power of categorical interests in resource allocation and services administration and would promote the application of fiscal and efficiency criteria in human services policymaking." The experience with the New Federalism programs is that targeting to the poorest persons and most needy areas has declined; however, targeting remains substantial though not to the prior degree.

- State and Local Expectations

Laurence Lynn (3) concludes: "Among the strongest impressions yielded by the case studies is that elected state officials have on the whole a greater sense of responsibility toward economy and efficiency in government operations than they do toward the effectiveness or coverage of human services...On the whole, categorical human services interests are probably less influential at the state level than general taxpayer and business interests and the interests of locally powerful groups such as public employee unions."

Lynn continues, "The impression is inescapable that state officials would mix and match human services resources in different ways if not for federal categorical restraints. Professional human service agencies, and their associated interest groups, in general, do not have the same standing with governors, legislators, and county commissioners as they do in Congress."

- Professional and Consumer Role

Lynn (3) states that "reorganization is a classic reform issue in which the expressed goals are usually improvements in responsiveness, efficiency, or quality of services. The real goals, however, are almost always partly or wholly political." The prime movers for consolidation and integration are governors, legislators, county commissioners, and their appointed officials. Decisions about human services organization are decisions about human services policy. As observed by Thomas Mierzwa "The perspectives are not only influenced by the substance of the issue involved, but also by the position one occupies in the system." (34) Lynn, Derthick, Terrell, and the President's Reorganization Project (3) (20) (32) (7) have clearly documented that professional and consumer influence diminishes with integration efforts.

- Amelioration of Administrative Problems

The experiences of several counties in Minnesota, the single project experiences such as Mon Valley and Palm Beach, and the Kentucky paperwork elimination experience does demonstrate that administrative costs, duplication, and confusion can be reduced through integration efforts. However, these are isolated successes when compared to the universe of integration experiences. Lynn has concluded, "Though significant changes in the status quo have occurred in FL, GA, WA, and AZ, there is simply no firm evidence that economics, cost containment, or more effective services have been the result." (3) The OMB study of federal assistance has further observed that "differences between recipients may be as critical as differences among federal objectives in determining the appropriate level of federal intervention in assistance programs." (15)

- Sufficiency Of Knowledge

Beaumont Hagebak (9) has concluded that "no commonly accepted definition of the essential components of an integrated service delivery system exists." Further, he states that "with few exceptions, no local agency - public or private - has taken up the challenge of meeting the comprehensive needs of individuals and families through community-based integrated service delivery networks." Lynn concurs with Hagebak in stating that "for the most part, evidence as to what works and what does not has been singularly lacking." (3) He believes that experience in Florida may prove decisive. Florida's reorganization has survived even with the VR challenges. No one yet knows if the Florida integration efforts really works. But with objective study, data may be forthcoming.

- Possibility of Alternatives

The Phillip Kearny and Elizabeth Vander Putten edition (8) has emphasized that the fight over packaging federal aid often arises in "an either-or-fashion" of targeted categorical aid or New Federalism. S.878, as a grants consolidation effort, is a middle ground approach. Many other alternatives exist. These include performance standards in place of prescriptive requirements, administrative simplication of categorical programs, more comprehensive planning of categorical programs, and differential treatment of states and other recipients. These ideas will continue to be debated. Lynn believes that the Minnesota experience of a "bottom-up" effort involving consensus cultivation of county commissioners, service workers, and interest groups "may be, in the end, the only kind of change that can bring about genuine and verifiable improvements in services delivery." (3)

These issues are complex and lack fully objective analysis. The so-called "bottom line" revolves around this question -- should UCPA, the disability community, and persons with disabilities gamble that in order to reduce the cost of governemnt and hopefully improve service effectiveness, federal categorical targets and programs be allowed to be consolidated? The questionnaire with this analysis attempts to solicit UCPA opinion.

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QUESTIONNAIRE FOR UCPA AFFILIATES

(Please return to the UCPA Washington Office)

1) Are you (please check all appropriate categories)

a) An affiliate executive director? ___
b) Non executive director affiliate staff member? ___
c) An affiliate board of directors member? ___
d) An affiliate volunteer? ___
e) A parent of a person with a disability? ___
f) A person with a disability? ___

2) Should UCPA support the development of human services integration as defined by Lynn (page 2, paragraph 2) and Hagebak (page 4)?

	Yes	No
	___	___

(check one)

3) Should federal/state funding applications, audits, reports, and evaluation forms for human services programs be consolidated and standardized? Yes ___ No ___ (check one)

4) Do you believe that program consolidation will result in less costly government? Yes ___ No ___ (check one)

5) Do you believe that program consolidation will result in more coordinated and integrated human services? Yes ___ No ___ (check one)

6) Assuming that categorical programs with their separate targeting and paperwork do increase the administrative cost of government, does the guarantee of funds to persons with disabilities still outweigh these administrative burdens? Yes ___ No ___ (check one)

7) What has been your experience with General Revenue Sharing, CETA, and Community Development? (Please describe on a separate page).

8) If you are from Washington, Florida, Georgia, Arizona, Minnesota, New York City, or California, are the descriptions of experience located on pages 11-13 and 14-15 accurate? Yes ___ No ___ (check one)

a) If no, please describe on a separate page.

9) Should federal human services dollars be specifically targeted to (please check all appropriate categories)

a) the mentally disabled? ___
b) the physically handicapped? ___
c) the developmentally disabled? ___
d) the severely disabled? ___
e) the disabled? ___
f) each and every category of disability such as cerebral palsy, autism, mental retardation)? ___
g) the socially and economically disadvantaged? ___
h) those with low incomes? ___
i) service areas (such as education, housing, health, respite care) without targets to specific populations? ___

		Yes	No
10)	Should state and local government be given the authority to decide who receives federally financed services and under what conditions?	___ (check one)	
11)	If the federal government enacts block grant legislation in the human services field, do you believe benefits to persons with disabilities will decline?	___ (check one)	
12)	If the federal government enacts block grant legislation in the human services field, do you believe the nonprofit sector, such as UCPA affiliates, will receive (check one)		
	greater government funding?	___	
	less government funding?	___	
	about the same amount of government funding as now?	___	
13)	Should state and local government be allowed to meet federal regulations through a "substantially equivalent" test rather than through exact compliance standards?	___ (check one)	
14)	Should human services be better coordinated?	___ (check one)	
	a) If yes, do you support any of the following programs as the lead agency coordinator (check all appropriate agencies)		
	Developmental Disabilities	___	
	Title XX Social Services	___	
	Health Planning	___	
	Umbrella Human Services Agency	___	
	Education	___	
15)	Should UCPA support the consolidation of federal human services programs?	___ (check one)	
16)	Even if dollars continue to be targeted to persons with disabilities under a block grant approach, should UCPA continue to advocate federally prescribed programmatic criteria (such as individual program plans, consumer involvement, least restrictive environment, due process protections, and community integration)?	___	___

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